



[EXHIBIT (B)]

University of Alabama Hospital
619 19th Street S.
Birmingham, Alabama 35233-6510

July 10, 2005

STATEMENT
065325515

ROBERT MCCRAY
PO BOX 56
ELMORE AL 36025
SOA

PATIENT: ROBERT MCCRAY
PATIENT #: 0638767595055
CHARGES: \$137.82
BALANCE: \$137.82
ADM. DATE: 02/24/05

DEAR ROBERT MCCRAY

Thank you for choosing UAB Hospital for your healthcare needs.

The balance of your account is your responsibility and is now due. We accept checks, money orders, cash and credit cards. If you choose to pay this balance by credit card, please complete the lower portion of this letter and return it to the hospital business office.

If you have insurance coverage that will pay for these services, you must call us immediately! If you have questions regarding this account or you are unable to pay-in-full, please contact the business office promptly.

Note: To ensure proper crediting of your account, please include your patient number on all payments.

PLEASE RETURN LOWER PORTION WITH YOUR PAYMENT

UNIVERSITY OF ALABAMA HOSPITAL
PATIENT ACCOUNT REPRESENTATIVE
205-934-5015 OR 888-309-8435
8:00 AM - 4:30 PM
SOA 75

PATIENT: ROBERT MCCRAY
PATIENT #: 0638767595055
BALANCE: \$137.82
ADM. DATE: 02/24/05

** CREDIT AUTHORIZATION **

75

MC() VISA() DISC() AMX()
EXP DATE () PMT AMT()
CARD # ()
SIGN()

UNIVERSITY OF ALABAMA HOSPITAL
P. O. BOX 2252
BIRMINGHAM AL 35246-0036

63876759505590000001378285